

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		,,	
NAME (Last)	(First)	(Middle)	TELEPHONE
Fujimura	Susan	Α.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suit	EMAIL wkaneko@ahfi.com		
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813
EMPLOYING ORGANIZATION (Fill in	o lobby) TELEPHONE		
Alston Hunt Floyd & Ing			(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suit	EMAIL		
(City)	(State)		(Zıp Code)
Honolulu,	Hawaii		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU I	TELEPHONE	
Hawaii Association of Mortgage Brokers  MAILING ADDRESS (Street)		(808) 223-2761
		FAX
P.O. Box 1074		EMAIL
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96808
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jodie V. Tanga		(808) 223-2761
MAILING ADDRESS (Street)		FAX
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PART III DESCRIPTION	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	<ul><li>Science, Technology &amp; Economic Development</li></ul>			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecotogy, Energy Environmental Protection	Housing	Public Safety & Corrections				
PART IV CERTIFICATION						
I hereby quitify that the	information furnished abov	ve is, to the best of my knowle	dge, correct and complete.			
Smile /2/1/2013						
	(Signature of Jobbyist)		(Date)			
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF AUTHORIZING OFFICE	ED OD DEDOON DEDDESCENTED			
	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Jodie V. Tanga	Jodie V. Tanga President					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Hawaii Association of Mortgage Brokers			(808) 223-2761			
MAILING ADDRESS (Street)			FAX			
P.O. Box 1074		Ţ	EMAIL			
(City)	(State)		(Zip Code)			
Honolulu,	Hawaii		96808			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/23/13						
(Signature of Authorizing Officer or Person Represented) (Date)						

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